

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

SUSAN B ANTHONY LIST INC

(b) Address (number and street) ☐ check if different than previously reported

1800 NORTH KENT ST STE 1070

(c) City, State and ZIP Code

ARLINGTON

VA

22209

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30000921

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 8

through

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

(b) Communication Title _____ Hour _____

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☒ Other, specify: Non-Qualified Corp

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

8. Custodian of Records

(a) Name

Marjorie Dannenfelser

(b) Address (number and street)

1800 NORTH KENT ST STE 1070

(c) City, State and ZIP Code

ARLINGTON

VA

22209

(d) Name of Employer or Principal Place of Business

SUSAN B ANTHONY LIST INC

(e) Occupation

PRESIDENT

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

15669.65

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

EMILY BUCHANAN

SIGNATURE Electronically Filed by EMILY BUCHANAN

DATE 09/17/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A.	(a) Name	Transction ID : F91.000001	
	EMILY BUCHANAN		
	(b) Address (number and street) 1800 NORTH KENT ST STE 1070		
	(c) City, State and Zip Code		
	ARLINGTON	VA	22209
	(d) Name of Employer or Principal Place of Business		(e) Occupation
	SUSAN B ANTHONY LIST INC		EXECUTIVE DIRECTOR

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

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A. Full Name (Last, First, Middle Initial) of Payee BRIGHT MEDIA INC				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 9 / 1 7 / 2 0 0 8 </div> </div>			
Mailing Address of Payee 2109 HUIDEKOPER PLACE NW				Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> 2000.00 </div> </div>			
City WASHINGTON		State DC		Zip Code 20007		Communication Date <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y </div> </div>	
Name of Employer AD PRODUCTION		Occupation		Transaction ID : F93.000001			
Purpose of Disbursement (including title(s) of communication(s)) HOUR							
Name of Federal Candidate KAY HAGAN		Office Sought: <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div>		State: NC District:		Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
F94.000002		Name of Federal Candidate		Office Sought: <div style="display: flex; align-items: center;"> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div>		State: District:	
Name of Federal Candidate		Office Sought: <div style="display: flex; align-items: center;"> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div>		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

B. Full Name (Last, First, Middle Initial) of Payee CROSS ROADS MEDIA LLC				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 9 / 1 7 / 2 0 0 8 </div> </div>			
Mailing Address of Payee 66 CANAL PLAZA PLACE #555				Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> 13669.65 </div> </div>			
City ALEXANDRIA		State VA		Zip Code 22314		Communication Date <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y </div> </div>	
Name of Employer AD PLACEMENT		Occupation		Transaction ID : F93.000002			
Purpose of Disbursement (including title(s) of communication(s)) HOUR							
Name of Federal Candidate KAY HAGAN		Office Sought: <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div>		State: NC District:		Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
F94.000004		Name of Federal Candidate		Office Sought: <div style="display: flex; align-items: center;"> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div>		State: District:	
Name of Federal Candidate		Office Sought: <div style="display: flex; align-items: center;"> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div>		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursement/Obligation This Page (optional)	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> 15669.65 </div> </div>
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> 15669.65 </div> </div>